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CONFIRMATION NO. 3427

Bib Data Sheet

SERIAL NUMBER 09/753,448	FILING OR 371(c) DATE 01/04/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 06530.0275
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APPLICANTS

Susan I. Shelso, Plymouth, MN;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/20/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MN	1	28	3

ADDRESS

22852

TITLE

Expansion-assisting delivery system for self-expanding stent

FILING FEE RECEIVED 1632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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